



# Community Health Workers in the United States and in WV

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# Process for Developing CHW Certification in WV

- 1- Organize Steering Team
- 2- Literature Review
- 3- Interview WV programs
- 3- Select and interview programs in other States
- 4- Convene four regional forums
- 5- Based on input, develop recommendations for review and finalization by forum participants
- 6- Present final recommendations


# Peers for Progress CHW Functions





# “CHWs” in WV

- Women/infant/child (Home Visitation, Birth to Three, Right from the Start, HAPI, MIHOW, Starting Points); reimbursement through State/Federal grants and inclusion in the WV budget
- Volunteer Programs (Hospice Home Teams, AA)
- “High risk” (Cabin Creek (elderly), Southeastern Diabetes Initiative (diabetes));
- Prevention (Adolescent Health, MOVHD, Future Generations, Berkley HD);
- Navigation (CHIPRA, WVAHC)




# Survey of CHW programs in the US

States selected based on long-standing, successful CHW programs:

- Massachusetts, Minnesota, New Mexico, New York, Oregon, and Texas




# CHW Certification

- At least 17 states have a CHW certification system
  - Provides a basis for quality assurance
  - Provides justification for health insurance reimbursement
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# Key Finding:


- The literature is clear – health insurance payers are most interested in reimbursing programs that have the greatest return on investment (ROI)
  - Therefore - programs involving CHWs that focus on improving outcomes for **high risk patients** are the most likely to receive reimbursement
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# Recommendations for WV

- Thus the focus of these recommendations is on CHWs who are members of a clinical care management team that serves high risk patients with the goal of justifying sustainable reimbursement from health insurance payers.
  - NOTE: CHWs work effectively in a wide range of roles, but reimbursement from payers is most likely based on serving high risk patients
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# Components of CHW Certification

- Definition of CHW
  - Scope of Practice
  - Core Competencies
  - Training Models
  - Quality Measures
  - Organizations Structures
  - Reimbursement
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# Definition of CHW

Community Health Workers are:

- Trusted members of their community
  - Have a close understanding of the ethnicity, language, socio-economic status, and life experiences of the community served
  - Communicate with patients in a caring and supportive manner
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# Scope of Practice

- Works under the direct supervision of a medical provider
- Bridge, or culturally mediate between, individuals, families, communities and health and human services
- Provide culturally appropriate health education, and outreach in community-based settings
- Assist patients in self-management of chronic illnesses and medication adherence as directed by the medical provider.
- Provide direct services, counseling on access to health and human services, social support, lifestyle management, care coordination and health screenings




# Core Competencies

Competencies can be clustered in three domains:

- 1) interpersonal and communication skills
- 2) chronic disease self-management skills, and
- 3) service delivery skills such as taking blood pressures, glucose monitoring, leading chronic disease self-management programs, etc.




# CHW Training Models

- Training should be based on core competencies
  - Use resources already available in WV such as the CHERP program
  - Give agencies the flexibility to design a training program that fits their needs and resources
  - Incorporate mentoring, and continuing education
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# Quality Measures

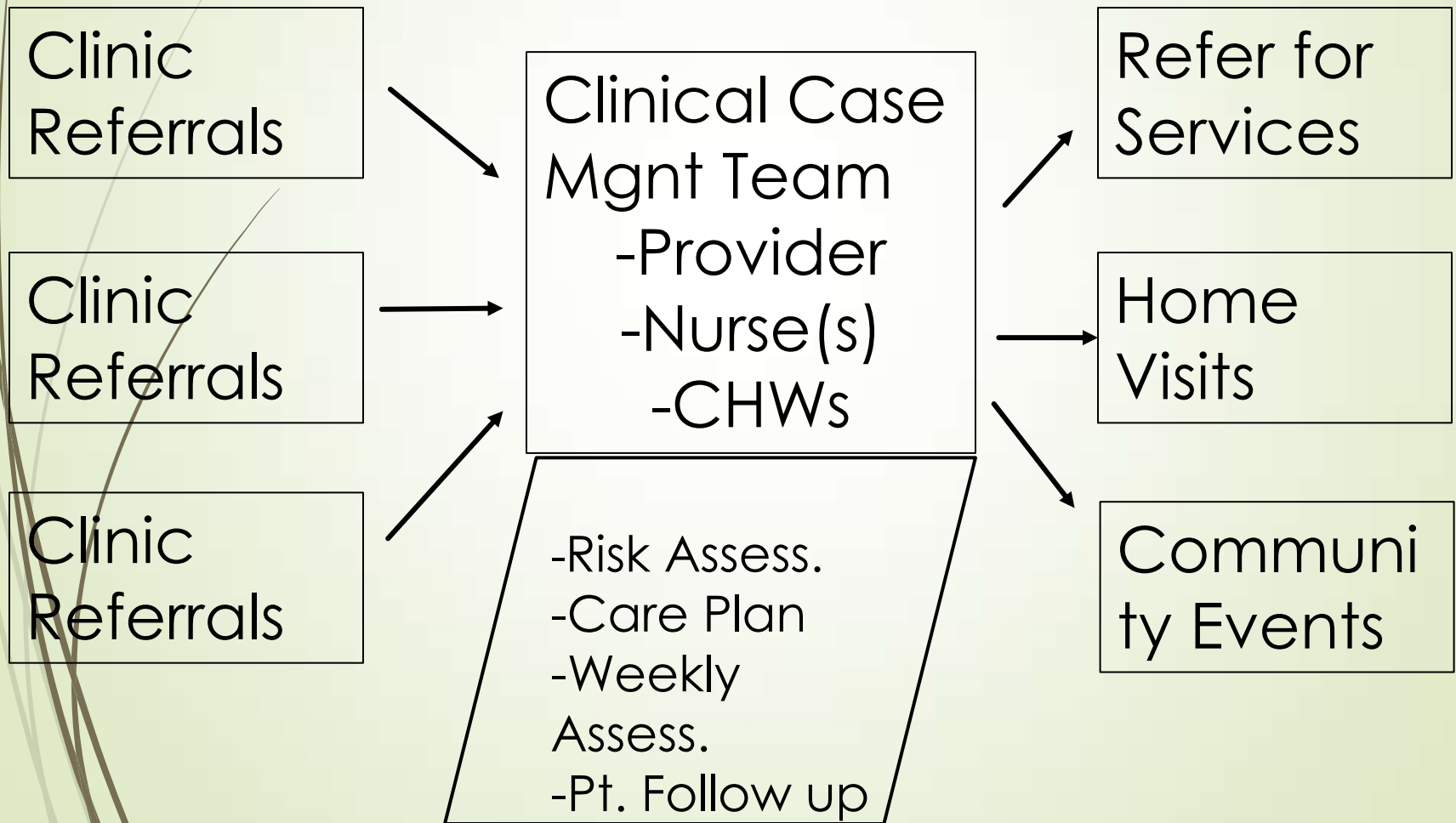
- Quality measures should be data driven and linked to patient outcomes.
  - Assess the competency of CHWs by their demonstration of skills, by field supervision, by providing continuing education, and by evaluating CHW programs based on performance standards.
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# Organizational Structure

- Emphasized local control
- Local/regional consortium, network or partnership involving local health departments, Federally Qualified Health Centers (FQHCs), local doctors, community based organizations, other governmental agencies
- CHWs should be part of a health care system

# System for Clinical Case Management of High Risk Patients







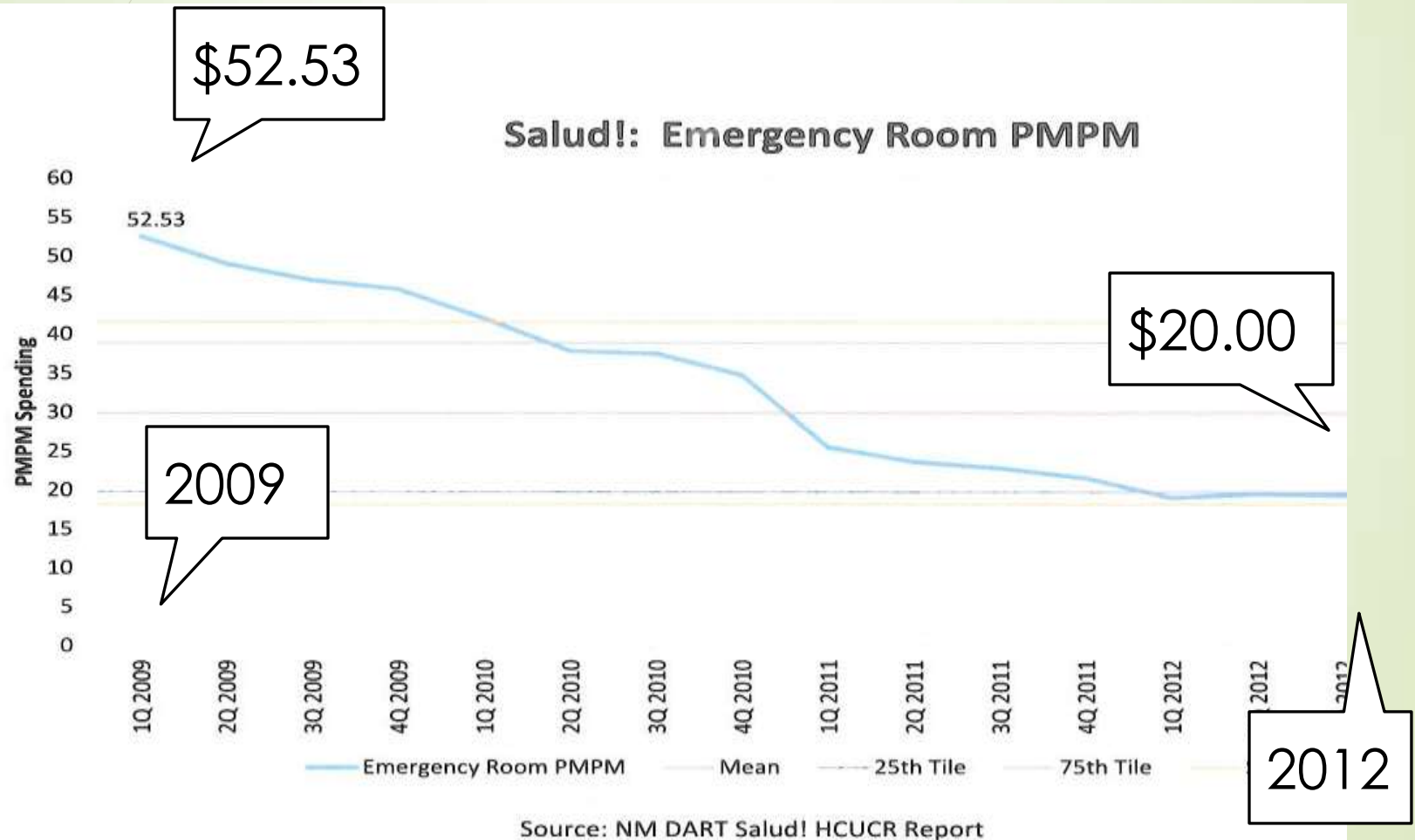
# Reimbursement System

- Forum participants uniformly stated that a fee for service system would not work.
- Recommended a pay for performance model
  - Per Member Per Month
  - Provide financial incentives for achieving stipulated outcomes (e.g. PCMH)

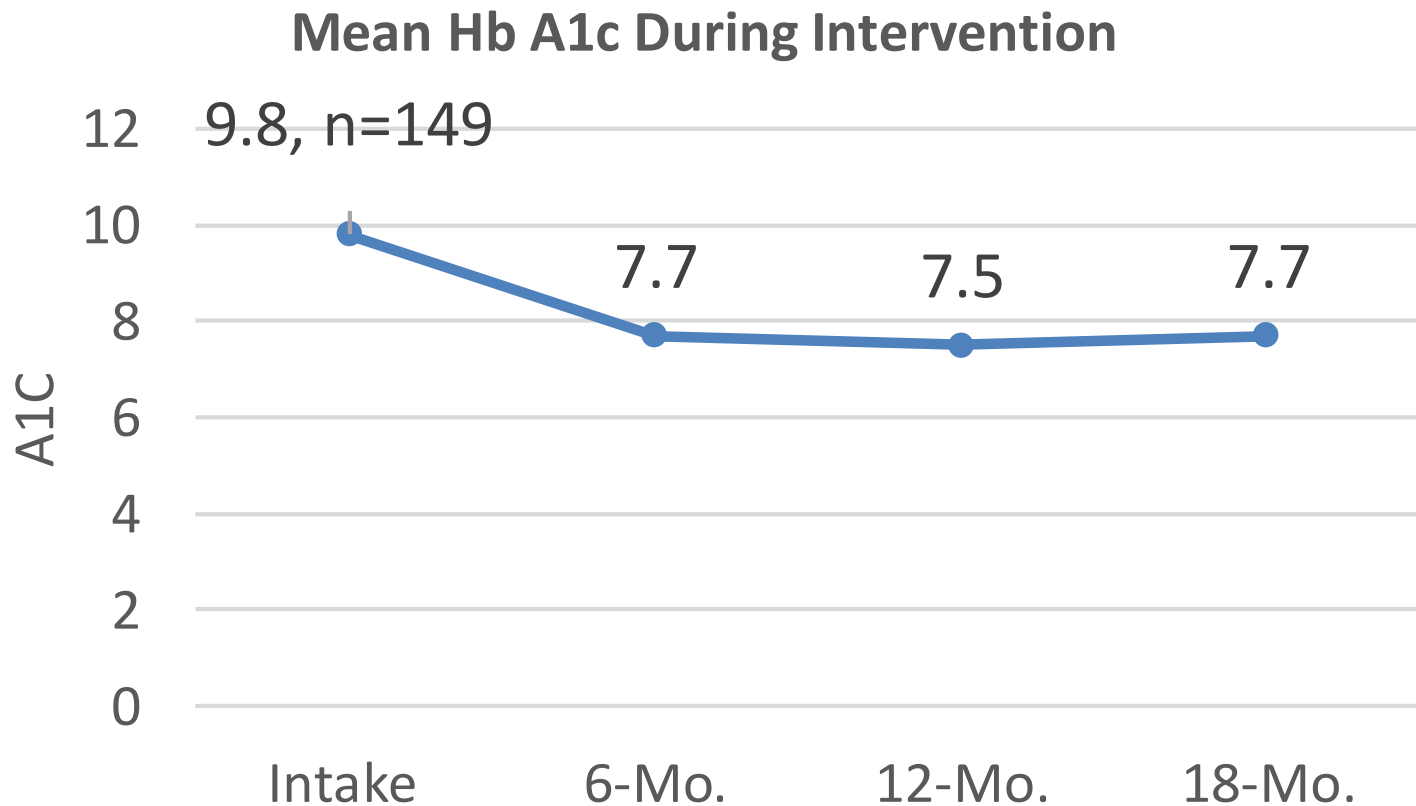
# Examples:

- In New Mexico, CHWs providing community-based support services to high consumers of health care resources were able to generate a 4:1 return-on-investment
- In a study in San Francisco the cost of diabetes care for patients served by CHWs was nearly half of that for patients that received medical care only.
- In Massachusetts patients served by CHWs experience better access to care, and more effective system navigation.
  - 91% of community health centers have CHWs.

# Impact of CHWs on ER Usage in NM



# Williamson Health and Wellness Center: High Risk Diabetes Patients





# Key Recommendations

- CHWs work best if they are from the community they serve
- CHWs should be part of a health care system that links tertiary care, primary care, clinical/CHW team management, and CHW service in the community
- The control of this system should be at the local level
- The performance of a system that includes CHWs should be linked to specific health outcomes
- Focus on high risk patients
- Payment should be based on a capitated system

# Next Steps

- Advocacy with health insurance payers to endorse a clinical case management system that includes CHWs.
- Implement a care coordination pilot project with the Mid-Ohio Valley Health Alliance and Williamson Health and Wellness Center
  - High risk diabetes, CHF, and COPD patients
  - CHWs part of the clinical case management team
  - Funded by HRSA, Benedum, Sisters Health Foundation, Highmark Foundation, McDonaough Foundation, and the Logan Foundation.